

## service return note



To Herding AG Fil Kapellstrasse 8355 Aadorf From		Customer P.ONo. P.O. date Contact Telephone E-Mail  Herding	
		Order No. Invoice No. Serial No. / ID# *	SA - SAR -
Article- No.	Description / Material		Quantity
Description of fault, cause of failure, reason for complaint *			
As we always want to assist our customers in a fast way, we would like to ask you:  - Fill out this form as complete as possible - Fields marked with * are mandatory - Send this return of delivery form together with the goods			
Further processing only possible with this form!  Office hours receiving department: Mon-Thu: 6:00 – 15:00, Fri: 6:00 – 13:00			
Place	Date	Signa	ature